Eligibility for SCDDSN Services

The process of determining eligibility for SCDDSN services begins with screening and ends with notification of the parent of the final eligibility decision by DDSN including any appeals that might be initiated. Activities related to establishing eligibility include gathering information, which may support DDSN eligibility from the family members, current and former service providers, and others who know the child. Information may be gathered by mail or electronic correspondence, telephone interview, or face-to-face interview.

Screening:

DDSN uses standardized tools, methodology, and specifically trained staff to screen those who are potentially eligible for services. Only those who are trained may complete screenings, and only home-board employees will be trained to be screeners. Contracted providers must contact or have the family contact the home-board in which they reside to be screened for DDSN eligibility.

Children (three to five) must be screened if DDSN eligibility will be pursued. During screening each parent of a child under the age of 5 years, will be given information about family training. If a child (three to five) is "screened in", and family training is desired the Early Interventionist can proceed with the submission of an eligibility packet to the Consumer Assessment Team (CAT). If a child (three to five) is screened in and family training is not desired the screener will refer the child/family to Service Coordination for the completion of eligibility. If the child is "screened out, the family should be provided information about other community resources that may be of assistance. If 'screened in" the screener will offer the family a choice of Early Intervention providers. This choice is documented in the disposition section of the screening tool. If the family chooses a provider other than the home-board the screener will contact the chosen provider to ensure that they will accept the referral and will transfer the child's record to the chosen provider on CDSS.

For the children (birth to three) who wish to pursue DDSN eligibility, the EI may either prepare and submit the eligibility packet or have the DDSN screening completed. The screening should be completed if the EI believes the child is unlikely to be determined eligible for DDSN services. If screening is not completed, the Early Interventionist must still establish residency through the use of the Early Intervention Residency Questionnaire (Attachment #1). If the child meets the residency requirements the Early Interventionist should proceed with the submission of the eligibility packet.

In addition, the EI must offer the choice of providers and ask that the choice be acknowledged using the Acknowledgment of SC/EI Choice form (Attachment #1 in Procedural Bulletin 7). If a child (birth to three) is "screened out" they can continue to receive Service Coordination/Family Training as long as they continue to be eligible for BabyNet.

Intake:

Once a child whose family desires/needs Family Training has been "screened-in" the Early Interventionist will begin the process for establishing eligibility or "intake". The following steps should be completed during intake;

1. Initial contact must be made within 3 days of the referral.

2. Within 30 days of the screening disposition date, a Curriculum Based Assessment and a Family Service Plan must be completed.

3. Obtaining a Service Agreement and Permission to Evaluate (Attachment #3) signed by the child's parent or legal guardian (for a child in DSS Foster Care, the Foster Parent may sign the Service Agreement on the child's behalf) once the need for a DDSN service is identified and prior to that any DDSN service being delivered. The initial FSP must be completed within 30 days from the offer of choice of provider during the screening process. Once the need for family training has been identified it should be provided (EI's should not wait for eligibility determination before providing this service).

4. Collect any information (e.g. birth records, medical records, therapy reports, Individual Education Plans) that will assist with the eligibility determination.

5. Assemble an Eligibility packet that will include; an Application for Eligibility Cover sheet (Attachment #6), the Consumer Information Summary (CIS) (Attachment #4), all pertinent records, and the IFSP/FSP. The Autism Division within DDSN requires a referral form be completed with the eligibility packet. See Attachment #5 for Autism Referral form.

6. Send eligibility packet to the Consumer Assessment Team (CAT).

7. CAT will review the eligibility packet and will make a determination of eligibility, update CDSS with the eligibility category and fax the Early Interventionist an Eligibility Determination letter. It is through this process that DDSN establishes "medical necessity" to serve children in the Early Intervention program.

8. Notify the parent in writing of the decision made by CAT regarding eligibility.

TIMEFRAMES: If an eligibility decision has not been made within 3 months of the case open date or the date that SC/EI choice is offered for children birth to three, the EI will discuss with the parent the reasons for delay in eligibility and document the discussion in the service notes. The EI will inform the EIS of reasons for the delay and will continue to work with the parent to complete the eligibility packet for up to an additional 3 months.

If eligibility is delayed due to the EI being unable to locate or contact the parent, the EI will meet with the EIS to discuss the case and determine if intake should be extended or the case closed.

If eligibility is not determined within 6 months of the Case Open Date or the date that SC/EI choice is offered, the EI will discuss the reason for delay with the parent, choices of continuing to pursue eligibility or case closure, and the option of re-applying if services are needed in the future. Any discussions and contacts with the parent during the intake process, along with justification for any extensions, must be documented in service notes. If an extension is chosen, the Early Interventionist will notify the EIS, who will notify the Executive Director. NOTE: No reporting can occur for Intake beyond six months.

*Children granted time limited eligibility for DDSN services as "either MR/RD Time-limited", "high risk infant" or "at risk" must be re-assessed by DDSN's Consumer Assessment Team for eligibility re-determination before eligibility expires. If a child is deemed "high risk" and their eligibility expires prior to the age of three, the Early Interventionist may still report the provision of services for that child as long as he/she is BabyNet eligible. If eligibility re-determination does not occur prior to eligibility expiration for children who are 3-5, service coordination and family training activities can be provided as identified on the IFSP/FSP but MUST not be reported on the ISR's.

Referring children to the Autism Division:

If Autism is suspected or has been diagnosed by a source other than SCDDSN's Autism Division, the Early Interventionist should send a referral packet containing pertinent documentation and records including a "*Referral for Autism Division Evaluation, "DDSN Service Agreement and Permission to Evaluate" and "Authorization to Release and/or Obtain Information*" forms to the appropriate Autism Division office (e.g. Coastal, Midlands, Pee Dee and Piedmont) for an evaluation. If there are critical needs that must be addressed sooner than an Autism evaluation may be completed, the child's Early Interventionist should contact the appropriate Autism Division Administrator to discuss the case. (See attachment 5, "Referral for Autism Division Evaluation" form).

Who is eligible for which services?

- If a child is eligible for DDSN services under the "High-Risk (0-2 years) category he/she may receive Family Support Funds (See attachment 2 for FSF Quick Reference Guide), Respite, Center-Based Child Day services, Family Training and Service Coordination. Once the "High-Risk" infant turns 3 years of age he/she may be considered "At-Risk" and will ONLY be eligible to receive Service Coordination, Family Training and Federal Family Support (if all other criteria for that funding are met). Early Interventionists should educate families about these distinctions in order to prepare them for this transition of services.

- If a child is eligible for services under the category "MR/RD Time limited" he/she is eligible for ALL services including; Family Support Funds, Respite, Center-Based Child Day services, Family Training and Service Coordination. The child's eligibility must be reviewed prior to the expiration date listed on the eligibility certification letter.

- If a child has a vision and/or hearing impairment and receives services (FT/SC) from the South Carolina School for the Deaf and Blind (SCSDB) and DDSN services are identified as a need, (respite or family support funds) the DSN Board or Contracted Provider will provide Concurrent Service Coordination for DDSN services. The SCSDB Service Coordinator should forward all pertinent records, to include the IFSP, to the Early Interventionist. The Early Interventionist should follow the same intake process as described earlier in this Bulletin. Once DDSN eligibility has been established, the EI should request that the SCSDB Service Coordinator hold an IFSP review in order to add the DDSN services to the "Other Services" section of the IFSP. If attempts to add the needed services to the IFSP fail, the EI should contact the Supervisor at SCSDB to ensure that the needed services get added to the plan.

- If a child is receiving services from SCSDB and the need for a MR/RD, HASCI, or Pervasive Developmental Disorder (PDD) Waiver services are identified or if the family expresses an interest in or desire for a waiver, the EI will complete the waiver and/or eligibility process as a Concurrent Service Coordinator (Refer to appropriate waiver manual for additional information). At time of enrollment in the Waiver the Early Interventionist MUST then become the child's Primary Service Coordinator. The original IFSP should be forwarded to the EI from the SCSDB Coordinator. If the child is receiving Family Training from SCSDB they should continue to receive those services from them.

- Once the need for a MR/RD, HASCI, or PDD Waiver service has been identified or the family expresses an interest in or desire for the MR/RD waiver, the Early Interventionist must complete an application, without regard for the child's eligibility category. See MR/RD, PDD, or the HASCI Waiver Manuals for specifics about this process.

Who is eligible to receive Family Training?

A child is eligible for Family training with SCDDSN if he/she:

- Is three or four years of age, is eligible for SCDDSN services or has been determined by SCDDSN to be "At-Risk" and meets the following Family Training Indicators;
  - Child demonstrates cognitive delay ≥ 25%; or
  - Child demonstrates social-emotional delay ≥ 25%; or
  - Child demonstrate a delay in one domain ≥ 40%; or
  - Child demonstrates ≥ 20% delay in *any* two domains;

A child is birth to three and BabyNet eligible;

Family Training Categories for Children Turning Five

The transition process for children turning 5 should begin no later than 30 days prior to the child's 5th birthday. If after discussing the transition to Service Coordination the EI and family feel that the child should continue to receive Family Training, the EI must submit the Service Justification Form (See Attachment #7 for Service Justification Form) no later than 14 days after the discussion to DDSN Children's Services staff. For this exception to be granted the child's circumstances should fall into one of the following major categories:

- Medically Fragile/homebound
- DSS Involvement with Child Protective Services
- Recent Major Life Change or Event (within 6 months)
- Late referral (child referred after the age of four)
- Child waiting on Eligibility determination after the age of five
- Other-Please describe current circumstances

A child meeting the Family Training Indicators, as mentioned above, is not enough to justify a five year old remaining in Early Intervention. The child and family should continue to receive Family Training until a determination is made by the Office of Children's Services staff. A response should be given by DDSN Children's Services staff within 14 days.

Child is 0-3 years old eligible for DDSN but does not want Family Training

For a child who is birth to three, DDSN eligible and eligible for Family Training, but the parent is not interested in receiving that service; these children must remain in Early Intervention. The Early Interventionist is responsible for coordinating DDSN services, (Respite, Family Support, etc) and ensuring that the BabyNet Policy and Procedure Manual is followed.

Who is NOT eligible to receive Family Training?

A child is not eligible for Family Training when any of the following apply:

- Parent requests services to cease;
- Child no longer needs the service;
- Child is over the age of three and is not eligible for DDSN services;
- Child is 3-4 and does not meet the Family Training Indicators unless justification is submitted and approved by DDSN Office of Children's Services Staff;
- Child turns five years old unless justification is submitted and approved by DDSN Office of Children's Services staff;
- Child resides in an institutional setting (i.e., habilitation center (formerly ICF/MR), nursing facility, a hospital within the Department of Mental Health or any other psychiatric hospital); or
- A child who has turned six years of age.

Early Intervention Residency Questionnaire

Child's Name:_____
Date of Birth:_____

This questionnaire is to be used for BabyNet eligible children who are pursuing DDSN eligibility. Check the appropriate description of the child.

- ☐ The person is a child born in the United States (U.S.), and lives with parents who are U.S. citizens and reside in South Carolina (SC). Proceed with an eligibility packet.

- ☐ The person is a child with a SC Medicaid card. Proceed with an eligibility packet. (A copy of the child's birth certificate, birth records or SC Medicaid number will be required for intake packet to the Consumer Assessment Team (CAT)).

- ☐ The person is a child, not born in the U.S. Confer with CAT.

Early Interventionist Signature **Date**

Family Support Funds
Quick Reference Guide

State Funding

High Risk 0-3 yrs	At-Risk 3-6 yrs	"MR" Time-Limited
Yes	**No**	**Yes**
Enrolled in MR/RD Waiver-**No**		
Enrolled in the PDD Waiver-**No**		

Federal Funding 3-21 yrs
<u>Without an IEP</u>

Enrolled in the MR/RD Waiver-**Yes**
Enrolled in the PDD Waiver-**Yes**
Enrolled in school-**No**
At Risk (3-6 yrs)-**Yes**

Procedural Bulletin # 6
Attachment # 2

SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Service Agreement and Permission to Evaluate

I, _____(print applicant's legal name), am requesting the following services from the South Carolina Department of Disabilities and Special Needs (SCDDSN)

☐ SCDDSN Eligibility Determination ☐ Other Evaluations and Services

I understand that SCDDSN may obtain and review existing available medical/service records and, if necessary, require psychological evaluations or other evaluations of me to establish or rule out my eligibility for the requested service.

I understand that if I meet the criteria for eligibility for any of the above services, my eligibility to continue receiving those services may be re-evaluated, particularly when there are indications of improvement in my ability to do things for myself.

I understand that being approved for SCDDSN eligibility does not guarantee that I will receive specific services as these will be dependent upon documentation of my need and upon availability of a program or service or availability of a program/service opening. I understand that in the absence of a program/service opening I may be placed on a waiting list for that program/service.

I further understand that if approved for SCDDSN eligibility and if I have a need for placement in a SCDDS-sponsored residential setting that such placement will be dependent upon demonstration of my need for placement and dependent upon the availability of a bed in a SCDDSN-sponsored residential setting most appropriate to my need.

I also understand that SCDDSN may bill private insurance, Medicare, Medicaid, and/or any other third party payer for any covered services provided by SCDDSN and that neither my parents nor my legal guardian (if either are applicable) will be held responsible for costs not covered by that payer.

_____ _____

Applicant's Signature ***Date***

_____ _____

Parent/Legal Guardian's Signature
(For applicant under 18 years or legally incompetent) ***Date***

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
CONSUMER INFORMATION SUMMARY

☐ MR/RD DIVISION ☐ HASCI DIVISION

I. CONSUMER'S BIOGRAPHICAL INFORMATION

First/Middle/Last Name:	
Nickname: *(if applicable)*	
DOB:	SS#: *(must be submitted)*

II. SC/EI INFORMATION

DSN Board/Private Provider name:
E.I. Program Name: *(If applicable)*
SC/EI Name: *(please print)*
SC/EI office/cell phone:

III. TYPE OF REFERRAL *(check one)*

	NEW: *(First time referral to DDSN-screening should be enclosed)*
Referral source and relation to applicant:	
HASCI Information and Referral date: *(If applicable)*	

	RE-OPEN: *(Eligible for DDSN services in the past-screening should be enclosed)*
When was the case closed?	
Why was the case closed?	
What was the eligibility category while open?	
Was eligibility time limited? ☐ Yes ☐ No	
Did you include a copy of the original eligibility paperwork in this packet? ☐ Yes ☐ No	
If No, explain:	

	TIME-LIMITED ELIGIBILITY: *(Eligible, but requires review prior to eligibility end date or category change from current status if new information exists that might warrant a change)*
What eligibility category does this consumer have now?	
What is/was the time limited due date?	
Are you submitting this file early in order to request a category change? ☐ Yes ☐ No	

If Yes, what is the new information you have submitted?
Have you included the original eligibility determination letter in this packet? ☐ Yes ☐ No
If No, explain:
Do you recommend continued eligibility? ☐ Yes ☐ No
Explain:

	RETURN: *(Unable to determine eligibility; file returned for further information and/or action from the SC/EI)*
What additional information have you attached to the Communication Exchange? *(Please be sure to return the entire file along with the requested new information)*	

	RE-EVALUATION: *(Re-visit prior ineligible determination or current eligibility status if there is evidence that the consumer may no longer qualify for DDSN services)*

If re-evaluation is requested for a reason other than ineligibility, please explain your rationale and list the documentation you have to support your request.

If re-evaluation is based upon a prior ineligibility determination, please note the date of ineligibility. *(Please include all prior ineligibility letters)*

Why was the person found ineligible?

Who is questioning the eligibility decision now and what is their affiliation to the applicant?

What new/additional information is included that supports your request for re-evaluation?

If reevaluation determination is/remains ineligible after CAT review, does the referring party want the file to be forwarded onto Central Office for Appeal at this time?

☐ Yes ☐ No

	APPEAL: *(Request for Central Office review after all available information has been considered by CAT and determination remains ineligible)*

Who is requesting the appeal and what is there affiliation to the applicant? *(Please be sure to include letter of appeal from either the referring party or the SC/EI.)*

IV. INFORMATION PERTAINING TO CHILDREN (0-18 YEARS)

Briefly summarize relevant social/family information. Include any social aspects that might influence the child's overall development *(e.g., living situation, family issues, abuse/neglect, substance abuse, non-compliance, legal involvement, other family members with disabilities).*

Were there significant pregnancy, delivery, or neonatal problems that resulted in neurological involvement?

☐ Yes ☐ No

(If Yes, please prove supporting documentation to include MRI's and CT SCANS)

For children birth to 6, are there significant developmental delays in at least three areas? *(Please circle all that apply.)*

Self-help Cognitive Expressive Language Receptive Language

Fine Motor Gross Motor Social

Are there significant behavior/emotional issues? ☐ Yes ☐ No
(If Yes, please explain and provide supporting documentation, if applicable)

V. INFORMATION PERTAINING TO ADULTS (OVER 18 YEARS)

Briefly summarize relevant social/family information. Include any social aspects that might influence the person's overall development *(e.g., living situation, family issues, abuse/neglect, substance abuse, non-compliance, legal involvement, other family members with disabilities).*

If you suspect Mental Retardation, did you establish that onset occurred before age 18? ☐ Yes ☐ No

If you suspect a Related Disability, did you establish that onset occurred before age 22? ☐ Yes ☐ No

If no formal records of onset could be located, is there informal or descriptive information available to suggest onset? ☐ Yes ☐ No
Please explain:

Are there significant behavioral/emotional issues that might impact eligibility *(mental health/drug & alcohol)?* ☐ Yes ☐ No
(If Yes, please explain and provide supporting documentation, if applicable)

INFORMATION PERTAINING TO BOTH CHILDREN AND ADULTS

List all current diagnoses the person has been given by various professionals:

Does the person take medication? ☐ Yes ☐ No	
Condition	***Medication/Dosage***

Has there been a traumatic head or spinal cord injury or similar non-traumatic illness or condition? ☐ Yes ☐ No *(If No, please disregard the following questions that are marked with an asterisk*)*

*If Yes, please describe:
*Are onset records included in this packet? ☐ Yes ☐ No
*If No, what supporting documentation is included in this packet?
*Is the Substantial Functional Limitations Inventory (SFLI) or other Functional Inventory Tool current within 30 days? ☐ Yes ☐ No
*If No, is an updated/amended (SFLI)/other Functional Inventory Tool being submitted? ☐ Yes ☐ No
If No, why not?

Is Autism suspected? ☐ Yes ☐ No *(If No, please disregard the following questions that are marked with an asterisk*).*
*If Yes, are reports/behavioral observations that support the individual's autistic-like behaviors enclosed? ☐ Yes ☐ No
*Has the consumer been referred to the Autism Division? ☐ Yes ☐ No ☐ N/A
*If Yes, please give current status of that referral: *(If necessary, please refer to the appropriate regional Autism Division for an update on status)*
*If No, why has a referral not been made?

What services do the applicant/family want?
Are service needs described as urgent by the referring party? ☐ Yes ☐ No
If Yes, what is the urgency?

Having observed this person, reviewed all the enclosed records, and considered DDSN eligibility criteria, summarize your impressions so that we may gain a clear picture of this person, his or her needs and relevant service concerns.

Referral for Autism Division Evaluation

Name of individual referred:

_____DOB:_____

Name of family member(s) or guardian(s):

_____

Home address:

_____

____

Home county:

_____

_____

Telephone #: _____ Work # : _____ Best time to call: _____

County: _____ Soc. Sec. #: _____ Medicaid #: _____

Other Medical/Health Insurance Company:

_____

SC/EI Name: _____

Organization:_____ _

PO / Street Address:

_____

__

City:_____ Zip: _____ County: _____ Phone:_____

Today's date: _____

Please include/attach the following information if available:

_____Consumer Info. Summary _____Psychological assessment; behavioral program if relevant

_____POS/PCP/IFSP _____IEP/IPP/Hab Plan

_____Medical evaluations _____Genetics screening

_____Service Agreement form _____DDSN eligibility letter (if DDSN eligible)

_____Social History (if available) _____Other

_____

Is documentation of prior diagnosis of Autism included? _____yes _____no
Reason for referral:

_____

_

_____

_____

_____

_____

Rate level of need for Autism Division assessment/services:

_____1. Need is immediate AND critical (note reason in comment section)
_____2. Need is immediate, but NOT critical
_____3. Need is NEITHER immediate, nor critical

Additional

comments:_____

_____

_____

_____

What is this person's eligibility status with DDSN?

_____Eligible _____ (date determined)
_____(category)
_____Eligible, time limited _____ (re-eval date)
_____Not eligible _____
_____Pending with CAT _____ (date sent to CAT)
_____Not sent to CAT

_____First Referral, ____ Referred Previously
_____(note if more than 2nd)

Autism Division use only
Referred
to:_____
_____

SCDDSN
CONSUMER ASSESSMENT TEAM

APPLICATION FOR ELIGIBILITY

COVER SHEET

Name: _____ *County:* _____

SC/EI: _____ *Board/Program*: _____

☐ ***New Consumer***

☐ ***Return***

☐ ***Re-open***

☐ ***Review of Time Limited Eligibility***

☐ ***Re-evaluate***

☐ ***Appeal***

☐ ***Other***

Comments:

_____

_____

_____ _____

Service Coordinator/Early Interventionist SC/EI Supervisor

Service Justification Form

Child's Name:	Child's Age:
Early Interventionist's Name:	
Board/Agency:	Date:

☐ Family Training Frequency- The child will receive less than 2 hours per month of FT as determined by the TEAM (3-6 years).

☐ Child did not meet Special Instruction Indicators (3 or 4 year old)

☐ Child is 5 or is turning 5 years of age

☐ Declining of Services- The family does not wish to receive FT for an extended time frame (more than 3 months) for a specific reason OR the Family Training provider is unable to provider FT (for more than a month) and the family does not wish to have an alternate (0-6 years).

I do not wish to have an alternate Early Interventionist during my Early Interventionist's absence. Our family will continue to work on the outcomes identified on my child's IFSP/FSP during this time frame. I understand my family will continue to receive service coordination and I have been made aware of whom the service coordinator will be.

Parent's Signature_____

Early Interventionist's Signature_____

_____ Approved _____ Denied _____ More Information Needed _____

_____

Early Intervention Program Coordinator's Signature_____

Date_____

Parent's signature is NOT required for Special Instruction Frequency.
This form is not valid without approval from DDSN Central Office.